

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (received)
JUL 11 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0197 ENTERED
Date: 7-19-13
Amount Paid: \$75
Refund: 7-12-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER						
Owner's Name: <u>GLENN & ANO SUSAN & VIGGIANO</u>	Mailing Address: <u>4387 S CREEPKRISTY WAY</u>	City/State/Zip: <u>EAU CLAIRE, WI 54601</u>	Telephone: <u>361-769-8456</u>			
Address of Property: <u>9605 S. BUSKEY Bay DE</u>		City/State/Zip: <u>IRON RIVER, WI 54847</u>	Call Phone: _____			
Contractor: <u>LOREN WICKLUND</u>	Contractor Phone: <u>715/242-3158</u>	Plumber: <u>CHAD AND PUMPHREY INC</u>	Plumber Phone: _____			
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-084-2-47-08-28-100-250-15000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1058</u> Page(s) <u>122</u>			
Section <u>28</u> , Township <u>47</u> N, Range <u>08</u> W	Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. <u>546</u> Block(s) No. <u>2</u>	Town of: <u>IRON RIVER, WI</u>	Subdivision: <u>ONE LAKE PARK</u>			
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes---continue <input type="checkbox"/> No <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue <input type="checkbox"/> No	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Distance Structure is from Shoreline: <u>245</u> feet				
Value at Time of Completion * include donated time & material <u>\$ 15,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/>	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
Existing Structure: (if permit being applied for is relevant to it)	Length: <u>36'</u>	Width: <u>30'</u>	Height: <u>23'</u>			
Proposed Construction:	<u>WITH 18' X 14' CONNECTING ROOF AND FLOOR</u>					

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
	with Attached Garage	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	<u>138</u>
	Mobile Home (manufactured date)	() X ()	<u>231</u>
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Kitchen addition tentatively</u>	() X ()	<u>240</u>
	Accessory Building (specify) <u>garage</u>	() X ()	<u>102</u>
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
JUL 19 2013	Other: (explain)	() X ()	

Secretarial Staff: FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Glenn & Susan & Viggiano
(if there are Multiple Owners, All on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 6/24/13
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 9605 S. Buskey Bay DE, Iron River, WI 54847
Copy of Tax Statement ☒
(if you recently purchased the property send your Recorded Deed)

- Below: Draw or Sketch your Property (regardless of what you are applying for)
- (1) Show Location of: Proposed Construction
 - (2) Show / Indicate: North (N) on Plot Plan
 - (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (4) Show: All Existing Structures on your Property
 - (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	132 Feet	Setback from the Lake (ordinary high-water mark)	245 Feet
Setback from the Established Right-of-Way	107 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	107 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	245 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	11 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	50 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	39 Feet	Setback to Well	28/12 Feet
Setback to Drain Field	36 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

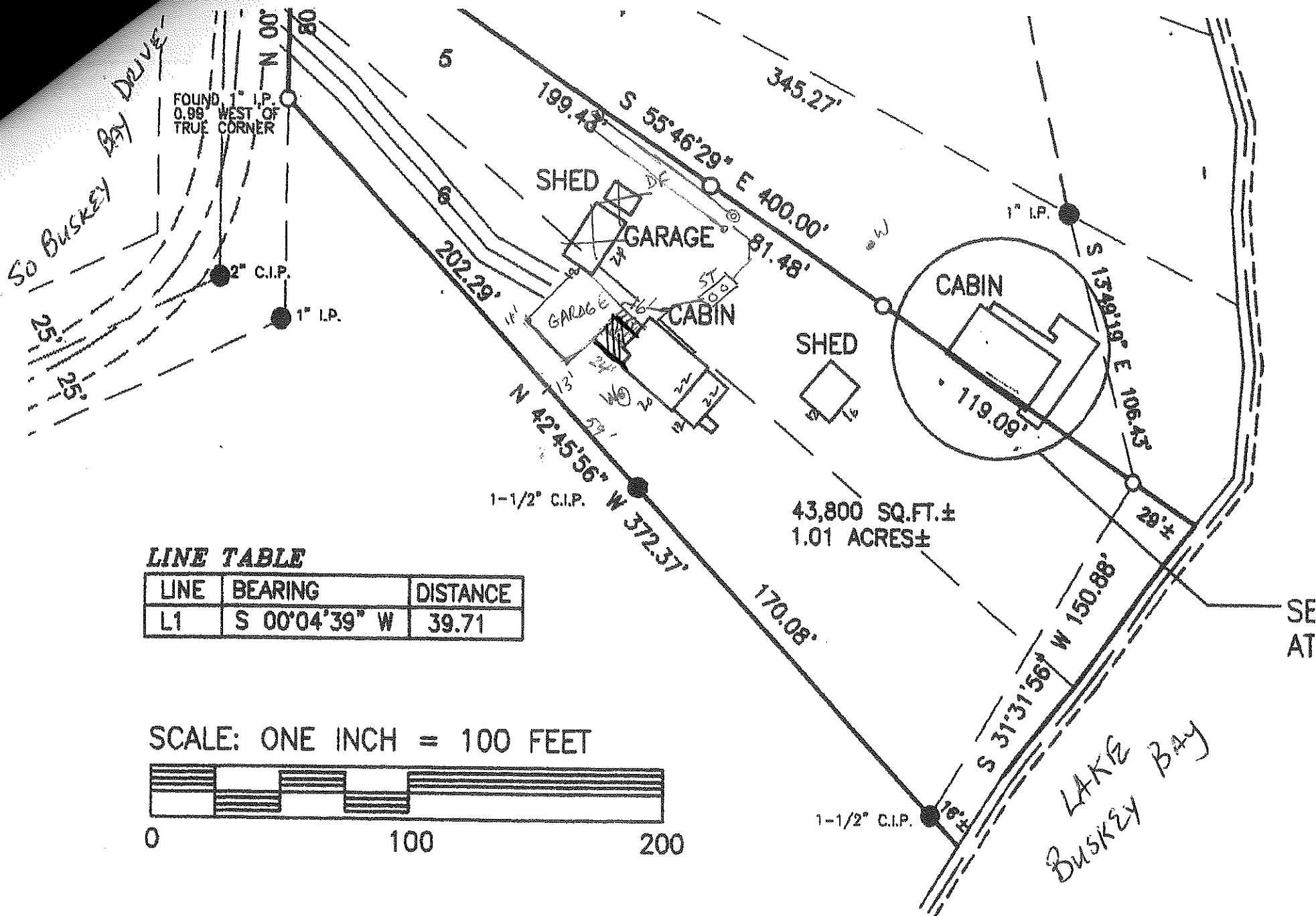
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11-495	# of bedrooms: 3	Sanitary Date: 6-23-11
Permit Denied (Date):	Reason for Denial:			
Permit #: 13-0197	Permit Date: 7-19-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: MM sets all setbacks.		Case #:		
Date of Inspection: 7-15-13	Inspected by: MM. Tutala	Zoning District (R-1) Lakes Classification (1)		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: Michael Tutala		Date of Approval: 7-13		
Hold For Sanitary: <input type="checkbox"/>	Hold For TB&: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



BY: T.E.O.
 47NR8W/SEC28
 109004 ACAD/VIGIANNO N09093
 PG. 105

NELSON
SURVEYING
INCORPORATED
 SURVEYING NORTHERN WISCONSIN SINCE 1954

101 W. MAIN STREET
 SUITE 207
 ASHLAND, WISCONSIN 54806
 (715) 682-2692
 FAX: (715) 682-5100

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
JUL 15 2013
Bayfield Co. Zoning Dept

Permit #: 13-099
Date: 7-19-13
Amount Paid: \$850 7-15-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	Melanie Schilling	Mailing Address:	PO Box 83	City/State/Zip:	Iron River, WI 54847	Telephone:	218-624-0043
Address of Property:	6869 8 Firelake Rd.	City/State/Zip:	Iron River, WI	54847	Cell Phone:	218-576-6516	
Contractor:		Contractor Phone:			Plumber:	Brown Plumbing Heating	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:			Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-024-2-47-08-05-4 03 000 -3000	Recorded Document: (i.e. Property Ownership)	Volume	Page(s)	
SW 1/4, SE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
		1	921	6,123			
Section 5, Township 17N N, Range 18E W							Lot Size
							Acres
							3.9

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> Distance Structure is from Shoreline: _____ feet	<input checked="" type="checkbox"/> 105	

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$70000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Comb</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	

Existing Structure: (if permit being applied for is relevant to it)	Length: 48'	Width: 42'	Height: 1 1/2 story
Proposed Construction:			

Proposed Use	Principal Structure (first structure on property)	Proposed Structure		Dimensions	Square Footage
		Residence (i.e. cabin, hunting shack, etc.)			
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with Loft + porch	(48 x 32)	1,536	
		with a Porch	(16 x 48)	2,048	480
		with (2nd) Porch	()		
		with a Deck	()		
		with (2nd) Deck	()		
		with Attached Garage	()		
		Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()		
		Mobile Home (manufactured date)	()		
		Addition/Alteration (specify)	()		
		Accessory Building (specify)	()		
<input type="checkbox"/> Commercial Use		Accessory Building Addition/Alteration (specify)	()		
			()		
			()		
<input type="checkbox"/> Municipal Use			()		
			()		
			()		
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	()		
	<input type="checkbox"/>	Conditional Use: (explain)	()		
	<input type="checkbox"/>	Other: (explain)	()		
JUL 19 2013					

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) acknowledge that I (we) am (are) responsible for the design and construction of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Melanie Schilling 7/11/13 Melanie Schilling
(If there are multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 7-11-13
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

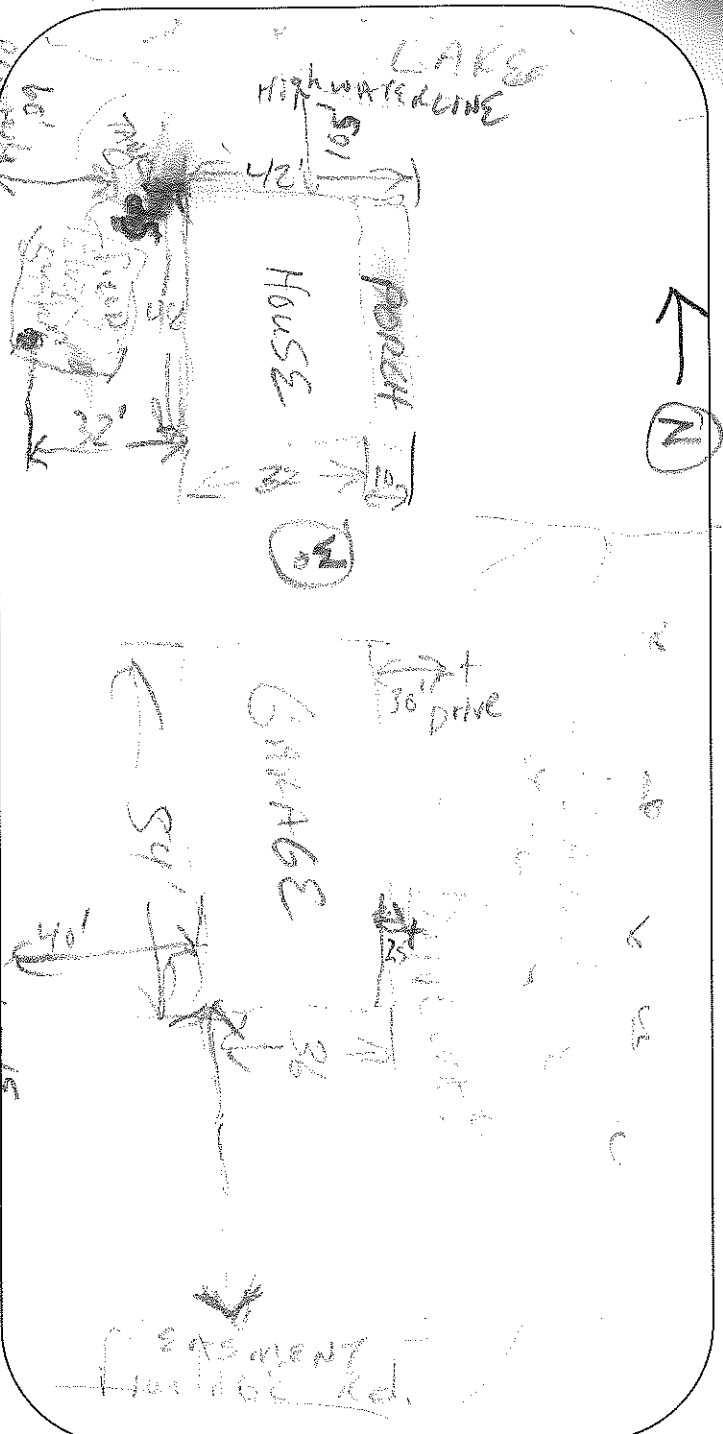
Address to send permit PO Box 83, Iron River, WI 54847
(If you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1,000+ Feet	Setback from the Lake (ordinary high-water mark)	145' Feet
Setback from the Established Right-of-Way	1,000+ Feet	Setback from the River Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	300+ Feet	Setback from Wetland	80' Feet
Setback from the West Lot Line	60+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	500+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	30' Feet	Setback to Well	NA Feet
Setback to Drain Field	30' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 259723	# of bedrooms: 2	Sanitary Date: 10-9-95	
Permit Denied (Date):	Reason for Denial:				
Permit #: 13-0199	Permit Date: 7-9-13				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:					
Date of Inspection: 7-17-13	Inspected by: M. Futch	Zoning District (R-1)	Lakes Classification (3)	Date of Re-Inspection:	
Conditions(s) Town, Committee or Board Conditions Attached					
A uniform dwelling code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction.					
Signature of Inspector: Michael F. Smith	Date of Approval: 7-18-13				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
JUL 15 2013
Bayfield Co. Zoning Dept.

Permit #:	13-0800
Date:	7-19-13
Amount Paid:	\$75 7-15-13
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Melanie Schilling</u>	Mailing Address: <u>PO Box 83</u>	City/State/Zip: <u>Iron River WI 54847</u>	Telephone: <u>218-624-6043</u>
Address of Property: <u>68698 Five Lake Rd</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Contractor Phone: <u></u>	Cell Phone: <u>918-576-6516</u>
Contractor: <u></u>	Plumber: <u></u>	Plumber Phone: <u></u>	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u></u>	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>	
PROJECT LOCATION <u>SW 1/4, SE 1/4</u>	Legal Description: (Use Tax Statement) <u>SW 1/4, SE 1/4</u>	PIN: (23 digits) <u>04-024-2-47-08-05-4 03 000-30000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1110</u> Page(s) <u>617-19</u>
Section <u>5</u> , Township <u>47</u> N, Range <u>8</u> W	Gov't Lot <u>1</u>	Lot(s) <u>921</u>	CSM <u>6,123</u>
	Vol & Page <u>6,123</u>	Lot(s) No.	Block(s) No.
	Town of: <u>Iron River</u>	Lot Size	Acres <u>3.4</u>

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If Yes---continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes---continue -->	Distance Structure is from Shoreline: feet <u>203</u>		
<input type="checkbox"/> Non-Shoreland					

Value at Time of Completion * include donated time & material <u>\$2000.00</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u></u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u></u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Conv</u>		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)			
	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>54'</u>	Width: <u>36'</u>	Height: <u>12'</u>
Proposed Construction:	Length: <u>54'</u>	Width: <u>36'</u>	Height: <u>12'</u>

Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X)	
		with Loft	(<input type="checkbox"/> X)	
		with a Porch	(<input type="checkbox"/> X)	
		with (2 nd) Porch	(<input type="checkbox"/> X)	
		with a Deck	(<input type="checkbox"/> X)	
		with (2 nd) Deck	(<input type="checkbox"/> X)	
		with Attached Garage	(<input type="checkbox"/> X)	
		Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities	(<input type="checkbox"/> X)	
		Mobile Home (manufactured date)	(<input type="checkbox"/> X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Addition/Alteration (specify)	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Accessory Building (specify)	(<input type="checkbox"/> X)	
	<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u>Garage</u>	(<input type="checkbox"/> 54 X 36)	1944
Rec'd for Issuance	<input type="checkbox"/>	Special User: (explain)	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Other: (explain)	(<input type="checkbox"/> X)	
JUL 19 2013				

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I/we warrant that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Melanie Schilling 7/11/13 Melanie Schilling
(if there are Multiple Owners listed on the Deed All owners must sign or letter(s) of authorization must accompany this application)

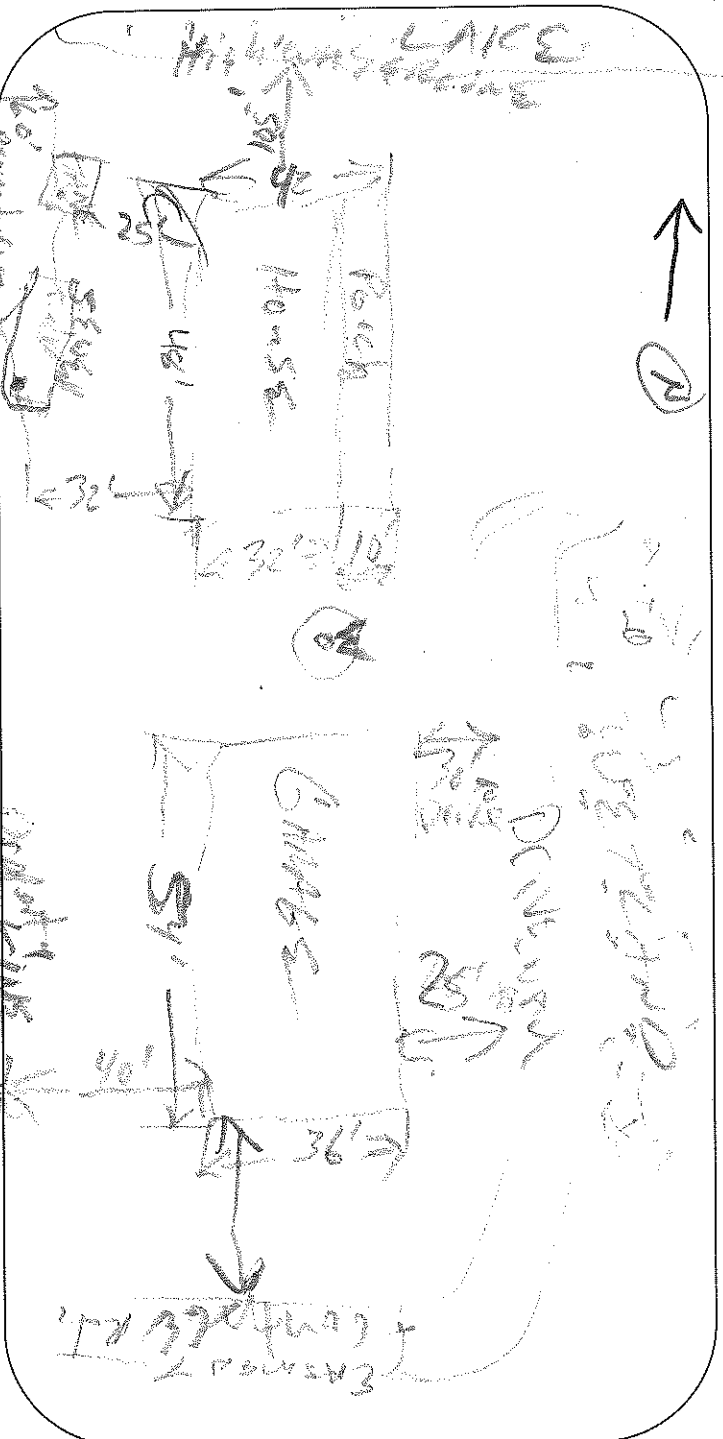
Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date 7-11-13

Address to send permit PO Box 83, Iron River, WI 54847 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on Your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' + Feet	Setback from the Lake (ordinary high-water mark)	203' 203' Feet
Setback from the Established Right-of-Way	100' + Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	300' + Feet	Setback from Wetland	50' Feet
Setback from the West Lot Line	40' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	250' + Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	100' + Feet	Setback to Well	N/A Feet
Setback to Drain Field	60' + Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13800		Permit Date: 7-19-13		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance [B.O.A.]	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:		Zoning District (R-1)		
Date of Inspection: 7-17-13		Lakes Classification (3)		
Condition(s) Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
No water under pressure in structure.				
May not be used for human habitation.				
Signature of Inspector: M. J. J. J.				
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>	Date of Approval: 7-18-13

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUN 21 2013

Permit #:	13-0185	ENTERED
Date:	7-15-13	
Amount Paid:	\$100	
Refund:	6-20-13	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept. (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		THOMAS D. KEWALKE ET AL		Mailing Address:		1003 9TH ST		City/State/Zip:		REEDSBURG, WI 53959		Telephone:		608-594-4119	
Address of Property:		LOT 50		City/State/Zip:		IRON RIVER, WI		Contractor Phone:		218-488-5113		Plumber:		N/A	
Contractor:		HOLSCLAW BUILDERS, INC		Agent Phone:		N/A		Agent Mailing Address (include City/State/Zip):				Written Authorization Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Authorized Agent: (person signing Application on behalf of Owner(s))				PIN: (13 digits)		04-094-2-47-08-02-1 00-011-47000		Recorded Document: (i.e. Property Ownership)		Volume 863		Page(s) 44			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.	
Section 2		Township 47 N, Range 8 W		Iron River											
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		If yes—continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes—continue →		Distance Structure is from Shoreline: _____ feet									

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$4300.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 70'	Width: 4'	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		() X ()	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	() X ()	
	<input type="checkbox"/>	with a Porch	() X ()	
	<input type="checkbox"/>	with (2 nd) Porch	() X ()	
	<input type="checkbox"/>	with a Deck	() X ()	
	<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with Attached Garage	() X ()	
	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	() X ()	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	() X ()	
	<input type="checkbox"/>	Accessory Building (specify) _____	() X ()	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	() X ()	
JUL 15 2013	<input type="checkbox"/>	Conditional Use: (explain) _____	() X ()	
Secretarial Staff	<input checked="" type="checkbox"/>	Other: (explain) Walkway/stairway to lake	(70 x 4)	280

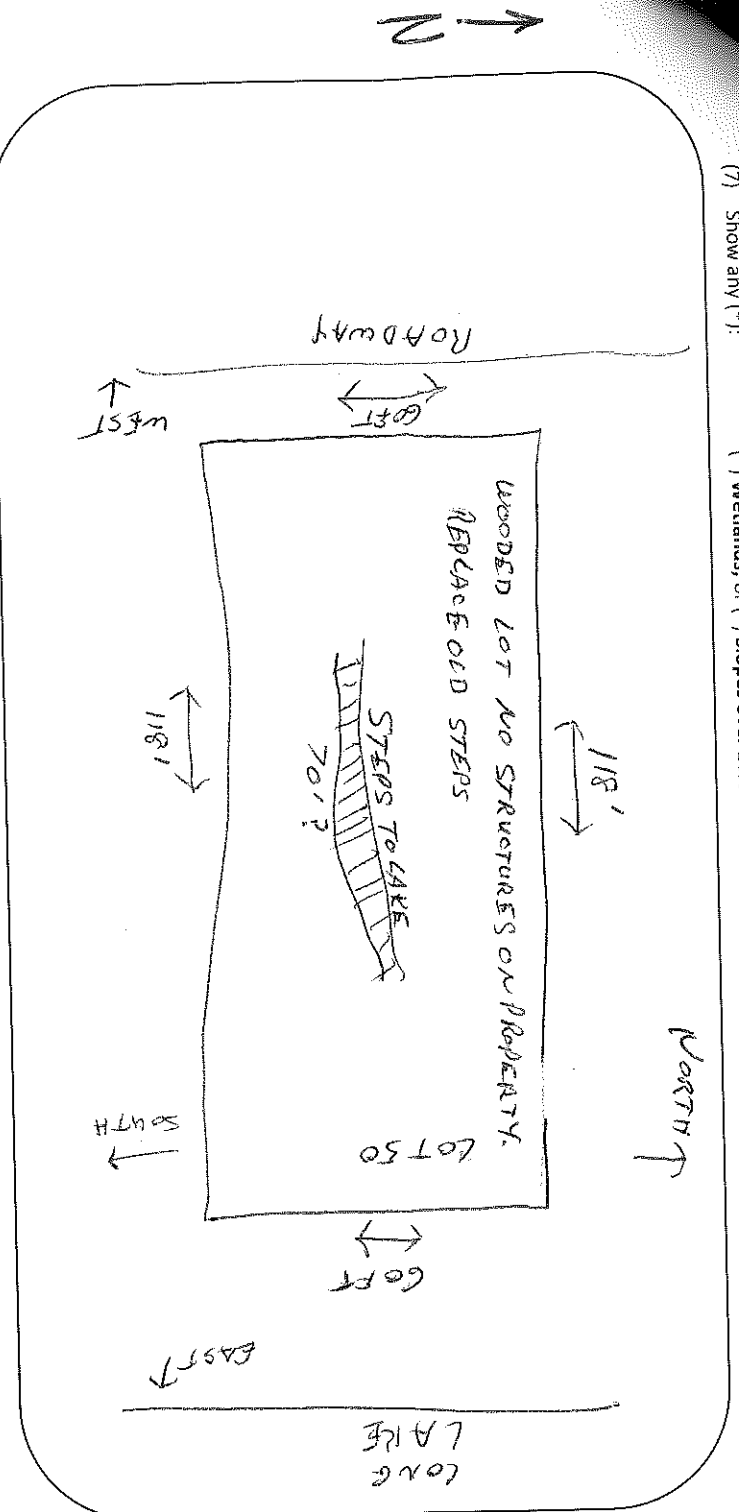
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Thomas D. Kewalke
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 6-17-13

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit THOMAS D. KEWALKE, 1003 9TH ST. REEDSBURG, WI 53959
Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

(1)	Show location on:	Proposed Construction
(2)	Show / indicate:	North (N) on Plot Plan
(3)	Show location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4)	Show:	All Existing Structures on your Property
(5)	Show any (*):	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6)	Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7)	Show any (*):	(*) Wetlands; or (*) Slopes over 20%



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	N/A Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	10 + Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	10 + Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	N/A Feet		
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

1. From the Date of Issuance if Construction or Use has not begun.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 13-0185		Permit Date: 7-15-13					
Is Parcel a Sub-Standard Lot: <input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No Is Parcel in Common Ownership: <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No Is Structure Non-Conforming: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Granted by Variance (B.O.A.): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____		Mitigation Required Mitigation Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____		Were Property Lines Represented by Owner Was Property Surveyed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Zoning District (R-1) Lakes Classification (2)	
Inspection Record: Sub-standard lots of record. Metcalf requirements		Date of Inspection: 6-25-13 Inspected by: M. Funtak		Date of Re-Inspection:		Date of Approval: 6-26-13	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached) Must use best management practices to prevent erosion on siltation off the lake.							
Signature of Inspector: Metcalf & Funtak		Date of Approval: 6-26-13					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
						X 1 hr of 90th.	